

**Government of the District of Columbia
Department of Health**

**Prescription Drug Monitoring Program
Advisory Committee Meeting**

**899 NORTH CAPITOL ST. NE – 2ND FLR.
WASHINGTON, DC 20002**

April 30, 2019

10:00 am- 12:00 pm

OPEN SESSION MINUTES

CALL TO ORDER:

PRESIDING:

COMMITTEE MEMBERSHIP/ATTENDANCE:

ADVISORY COMMITTEE MEMBERS:		
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff	X
	Frank Meyers, JD, Board of Medicine Executive Director	X
	Shauna White, PharmD, RPh, MS, Board Of Pharmacy Executive Director	X
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician	X
	Sheri Doyle, MPH, Consumer Member	X
	Commander John Haines, Metropolitan Police Department	
	Jessica Donaldson, CPHT, Pharmacy Technician	
STAFF:	Tadessa Harper-Nichols, Program Specialist	X
	Olamide Iyanda, Media Specialist	X
	Joy Eckert, MPH, Public Health Analyst	X
	Justin D. Ortique, PharmD, RPh, Supervisory Pharmacist	X
LEGAL STAFF:	Carla Williams, Esq, Assistant General Counsel	X
VISITORS:	Michael Fraser, DHCF	X
	Erin Holve, DHCF	X
	Brian Choi, GW MFA	X

Open Session Minutes

Quorum: Yes

Introduction:		
0430-O-01	<p><u>Welcome & Introductions</u></p> <p><u>Charge of the Committee</u></p> <p>The Committee shall convene at least two (2) times per year to advise the Director:</p> <ul style="list-style-type: none">(a) On the implementation and evaluation of the Program;(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;(d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and(f) Regarding the design and implementation of educational courses for:<ul style="list-style-type: none">(1) Persons who are authorized to access the prescription monitoring information;(2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;(3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and(4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.	

0430-O-02	<p><u>Approval of January 2019 PDMP Advisory Committee Meeting Minutes</u></p> <p>Motion to approve the October meeting minutes by: Frank Meyers Seconded by: Sheri Doyle Motion carries, minutes approved</p>	
0430-O-03	<p><u>2018 PDMP Advisory Committee Year in Review Summary</u></p> <p>Dr. Shauna White gave an overview of the 2018 Prescription Drug Monitoring Program Advisory Committee Year in Review Summary that was submitted to Dr. LaQuandra Nesbitt, Director of DC Health.</p> <p>The summary provides an overview of the achievements of the committee and includes recommendations made to the Director, pending legislation, DC PDMP Best Practice Checklist progress update, user registration statistics, program enhancements and outreach activities.</p> <p>The District of Columbia Prescription Drug Monitoring Program Advisory Committee Meeting held four meetings on the following dates in 2018:</p> <ul style="list-style-type: none"> • January 17, 2018 • April 11, 2018 • July 17, 2018 • October 23, 2018 <p>The Committee made several recommendations to the Director of DC Health. These recommendations included the following:</p> <ul style="list-style-type: none"> - Adding Gabapentin as a drug of concern to the DC PDMP regulations. - Mandatory registration for prescribers and dispensers. - Allow the FBI to obtain reports concerning investigations - Enable the Program to take action against an individual that submits a false statement to the program. 	
0430-O-04	<p><u>Report from Attorney Advisory</u></p> <p>(a) Update: PDMP Legislation</p> <p>Emergency, temporary and permanent legislation were proposed to council. The temporary legislation required physicians and</p>	

dispensers to register for the PDMP by the end of 2018. Council was unable to meet that timeline so that language was incorporated into the permanent legislation. A deadline of March 31, 2019 was put in place, however, that legislation did not take effect and become law until April 11, 2019. DC Health should now establish a realistic deadline and communicate that to licensees. When council incorporated the language into the omnibus bill, the emergency legislation language was used, therefore, language regarding new licenses and license renewals were left out. The licensing boards will have to incorporate this into their rulemaking in order to ensure compliance with their licensees.

Dr. Watson stated that in prior discussions the recommendation was that compliance with the new legislation could be accomplished within 90 days. DC Health would set a date of July 31, 2019 for compliance.

The program should determine the best way to communicate this with licensees to ensure that they are registered with the PDMP within 90 days. Prescribers should have the discretion to query the PDMP even though there is no mandate in place. We hoped that this would have occurred during the physician renewal period in order to capture the largest group of prescribers. We strongly encouraged PDMP registration during this time and physician registration increased by less than 1/3. We must find a strategy to communicate with licensees to ensure that they are registered within 90 days perhaps by the end of July 2019.

Dr. Watson asked Carla Williams to clarify what the language in the temporary versus the permanent legislation is for new licensees and renewals. Carla Williams stated that this has to be done through the regulations. Frank Meyers stated his interpretation is that from the board's perspective PDMP registration cannot be a requirement to obtain a license. Once you are licensed you must then register immediately.

Frank Meyers stated that Medical Society of the District of Columbia is aware and are communicating with their stakeholders.

Dr. Watson shared that she met with Dr. Sharon Lewis and discussed having all boards use the same language when communicating to licensees, so that there is a unified message

from DC Health. Each board should be tracking the progression of compliance.

(b) Update: Gabapentin to be added as drug of concern

The recommendation of the committee was to add Gabapentin to the regulations as a drug of concern to be reported to the PMDP. The rulemaking was published on February 1, 2019 for the 30 day comment period. We did not receive any comments therefore, it was moved forward for final rulemaking. Once it is published in the Register it will be a legal requirement. It is currently in the final review process in the Mayor’s Office. The date cannot be established at this time.

0430-O-05

Program Updates

(a) Program Statistics

Dr. White presented an update on the PDMP user registration statistics, user queries and the states that DC shares PDMP data with via PMP Interconnect. Pharmacist registration increased due to the recent renewal cycle. There has been an overall increase in user registration since the January meeting. Information about registering for the PDMP was included in license renewal periods. Physicians were required to renew their licenses by December 31, 2018. Pharmacist were required to renew their licenses by February 28, 2019. 37% of registrants with CS Registrations are registered with the PDMP.

Committee members provided recommendations on how program staff could improve data visualizations for the user registration statistics and queries.

Role	# of Registered Users April 2019	Percentage (%) of Current Registrants Per Role with CS* Registrations
Physician (MD, DO)	2,008	27%
Prescriber without a DEA, Medical Resident	121	-
Physician Assistant	172	34%
Pharmacist	804	36%
Nurse Practitioner	343	27%

Midwife	14	
Dentist	150	16%
Pharmacy Technician (Delegate)*	13	-
Veterinarian	122	66%
Podiatrist	20	19%
VA Prescriber	26	-
Other (Licensing Board Investigators, Law Enforcement, Medical Examiner)	23	-
TOTAL	3,816	37%

DC shares PDMP data with the following states: AL, CT, DE, GA, IN, IA, MA, MD, MN, MS, PA, NC, ND, NY, RI, VA, SC, TX, WV, Military Health System (DC receives data).

Erin Holve from the Department of Health Care Finance (DHCF) discussed their upcoming plans with CRISP. CRISP is in the process of moving away from their relationship with Appriss due to concerns about their pricing models and structure that requires providers to pay for independent connections. Michael Fraser from DHCF mentioned upcoming grant funded project with CRISP.

Dr. White mentioned that the DC PDMP are in discussions with CRISP regarding data integration.

(b) Past and Future Outreach Activities

Dr. White provided an update on outreach activities. Program staff attended recent licensing board meetings to provide program updates to increase licensee registration. Dr. Watson stated that she plans to attend future board meetings to provide mandate updates.

Dr. Kirilichin asked why DC PDMP does not share data with NJ via PMP interconnect because she has many patients that reside there. Dr. White explained that this was due to conflicting laws that do not allow DC and NJ to share data.

Dr. Watson requested data on evaluation, effectiveness and impact of outreach activities in order to determine best strategies to communicate with a wider audience.

- Children's National Medical Center- Upcoming Grand Round
- DC Hospital Association in-person- April 2019
- DC Primary Care Association- March 2019
- Outreach to Federally-Qualified Health Centers (FQHC)
- Postcard mailing to 200 prescribers

Dr. Kirilichin offered to provide information to DC Hospital Association stakeholders and provided contact information for Unity.

Dr. White provided an update on information gathered at the National Rx Drug Abuse & Heroin Summit.

Sheri Doyle also attended the summit and met with CDC to discuss Rx Check which is no-cost federal PDMP hub that states can use to share data. Connecting to Rx Check is a requirement of the BJA Data to Action grant. The intent of RX Check is not to create a national PDMP platform. The CDC is concerned that Appriss has a monopoly over state PDMPs at the moment and there is a cost solution through Rx Check and they would like to offer another option.

Dr. Watson stated that there are issues on both sides. On one side there is a private entity that charges for use of the PDMP platform and on the other side there is the federal government who may have access to this data and not everyone may be comfortable with that. Costs may be prohibitive to states and there may be arguments to support either side.

Dr. Kirilichin stated that since DC is relatively new to the PDMP space therefore, we can be more strategic and flexible in terms of how we make decisions, make more comparisons and establish relationships.

Dr. Watson stated although DC may be one of the last states to develop a PDMP we have the opportunity to look at best practices to ensure that we are making decisions and recommendations in the best interest of the District of Columbia.

Carla Williams stated that as long as there is no conflict with DC laws and regulations regarding data sharing then we can connect

	to Rx Check. If it violates DC laws and regulations then we cannot proceed with the grant.	
0430-O-06	<p><u>Grant Updates</u></p> <p>(a) Statewide Gateway Integration</p> <p>Dr. White and Dr. Ortique provided updates on ongoing integration project. There is information on the DC PDMP website on how healthcare entities can have DC PDMP data integrated into their EHRs, HIEs and pharmacy management systems.</p> <p>Some of the requests for integration include the following Dupont Circle Pharmacy, Rite Aid, Kaiser, Whitman Walker, CVS, and 14 primary care offices. The next step is to integrate with hospital systems. NarxCare should help with that by providing prescribers with information on medication interactions.</p> <p>Brian Choi from GW MFA asked if there was a deadline for funding the integration. Dr. Ortique stated that there is funding available for this fiscal year but we cannot guarantee future funding beyond that.</p> <p>Mr. Choi explained that the majority of providers at GW MFA prescribe a low number of controlled substances per year with only a few providers that prescribe a large amount of controlled substances. The GW EHR vendor charges a high licensing fee therefore, the cost is prohibitive. The barrier is the cost versus benefit aspect for GW.</p> <p>Mr. Choi recommends that if there is going to be a mandated PDMP query then it should be targeted to high volume prescribers such as pain clinics and specific prescribers because there will be unintended downstream costs imposed on organizations if the mandate is broadly imposed.</p> <p>Dr. Watson stated that the committee recommended both mandatory registration and query to the Director. However only mandatory registration was supported at this time. She stated, that the Attorney General felt that the District was woefully behind and recommended mandatory registration and mandatory query of the PDMP. Council decides what the laws should be and only moved forward with mandatory registration. The committee intends to</p>	

	<p>make thoughtful decisions as we appreciate the challenges that health systems and other entities are presented with.</p> <p>Sheri Doyle shared that the Indiana PDMP query mandate was done in a phased approach and was tied into EHR integration.</p> <p>(a) Professional License Integration</p> <p>Dr. White shared that the Program now has professional licensing integration in place therefore, manual approval of users is no longer necessary.</p> <p>(b) Opioid Indicator Dashboard</p> <p>Dr. White provided an overview of the upcoming opioid indicator dashboard. This will be accomplished through a collaboration with DC Health, Office of the Chief Medical Examiner, Fire and Emergency Medical Services and Department of Forensic Sciences.</p> <p>The dashboard will include opioid overdose data, opioid related transports and overdose death data. The dashboard should be completed by summer 2019.</p> <p>(a) Opioid Awareness Communications Campaign</p> <p>Olamide lyanda provided an update of the re-launch of the opioid awareness communications campaign that will run on buses, metro train cars until late August 2019. Dr. Watson asked about a hotspots and bus routes.</p> <p>Dr. Kirilichin commented that DC has an intravenous drug use crisis as opposed to a prescription opioid abuse problem. This opioid awareness campaign is targeting prescription drugs. Ms. lyanda explained the requirements of the messaging for CDC grant. Dr. White stated that perhaps the Live.Long.DC communications campaign could address IV use.</p>	
0430-O-07	<u>PDMP Annual Report</u>	

	<p>Dr. Shauna White provided a summary of the Annual Report. The report includes a timeline, information on interstate data sharing, prescriber reports, registration, utilization and query statistics.</p> <p>Dr. Watson asked for feedback and comments on the report for a vote to move forward and submit the report to the Director. Sheri Doyle, Carla Williams, and Frank Meyers provided recommendations on data visualizations and the tone of the report. Table approval of report until end of meeting for later consideration.</p> <p>Dr. Kirilichin shared her recommendations and edits for the annual report before the committee voted on moving forward with the report.</p> <p>Motion to accept Annual Report with recommendations and edits by: Shauna White Seconded by: Frank Meyers Motion carried</p>	
0115-O-08 Matters for Consideration	<p><u>Action Items</u></p> <p>Future meeting dates:</p> <ul style="list-style-type: none"> • July 16th, 2019 • October 15th, 2019 	
0115-O-09	<p>Other news/highlights from Committee members</p> <p>None</p>	
Comments from the Public	<p>Erin Holve from the Department of Healthcare Finance shared that the District and the Medicaid agency will be working with CMS to submit a 1115 waiver application. They will be working on the implementation plan with the Department of Behavioral Health and will require more information about the PDMP and would like to ensure that efforts are coordinated and aligned.</p>	
Motion to Adjourn the Open Session	<p>Madam Chair, I move that the Committee adjourn the Open Public session portion of the meeting.</p> <p>Motion –Frank Meyers Seconded by: Sheri Doyle Motion carried.</p> <p style="text-align: center;">(Roll Call Vote)</p>	

Action Steps	<ul style="list-style-type: none">• Outreach to DC Health licensing boards• Develop communication plan for mandatory registration <p>Future meeting dates:</p> <ul style="list-style-type: none">• July 16th, 2019• October 15th, 2019	
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This concludes the Public Open Session of the meeting.
Open Session Meeting Adjourned at 12:02 PM